

Patient Record

Property of AMEN Clinics



amen

Adventist Medical
Evangelism Network

FIRST
ADDRESS
CITY
EMAIL
PHONE

LAST
STATE
ZIP
DOB
☐ M ☐ F

Clearance

DATE

TRIAGE MUST CHECK THE FOLLOWING:

BP

BS

PULSE

RESP

REGULAR CARE?

☐ Medical ☐ Dental

VACCINATIONS

☐ Tetanus ☐ Measles ☐ Polio
☐ Diphth ☐ Rubella ☐ Mumps
☐ Other _____

DRUG ALLERGIES

☐ None ☐ Emycin ☐ Cephalosporin
☐ PCN ☐ Flagyl ☐ Fluoroquinolones
☐ Sulfa ☐ TCN/DCN ☐ Spectinomycin
☐ Other _____

LAST MEDICAL/DENTAL VISIT (WHEN AND WHY)

MEDICAL HISTORY

☐ Chicken Pox ☐ Seizures ☐ Heart Disease
☐ Malaria ☐ Tobacco Use ☐ Heart Valve
☐ Measles ☐ Vision Loss ☐ Hepatitis (Circle: A B C D E)
☐ Mumps ☐ Wears Glasses/Contacts ☐ High or Low BP
☐ Parasites ☐ Anemia ☐ HIV+
☐ Rheumatic Fever ☐ Arthritis ☐ Joint Replacement
☐ Scarlet Fever ☐ Asthma ☐ Leaky Heart Valve
☐ Hearing Loss ☐ Diabetes ☐ Tuberculosis
☐ Radiation TX ☐ Excessive Bleeding

CURRENT MEDICATIONS

FEMALES ONLY

LMP

PREGNANT?

☐ Yes ☐ No ☐ Possibly

Dental

DATE

TRIAGE ☐ Cleaning ☐ Extraction ☐ Root Canal ☐ Filling

Triage Signature

Triage Name (please print)

X-RAY LIST (Record numbers)

PA-X # _____ Bite Wing # 2 _____

Panorex _____ Bite Wing # 4 _____

HYGIENE

☐ Prophylaxis ☐ Root Planing
☐ Scaling ☐ Fluoride
☐ Gross Debridement

EXTRACTIONS

☐ Simple ☐ Surgical
Total # _____ Total # _____
List Teeth _____ List Teeth _____
☐ Other Oral Surgery _____

FILLINGS

Composites

☐ Tooth # _____ ☐ Tooth # _____
☐ Tooth # _____ ☐ Tooth # _____
☐ Tooth # _____ ☐ Tooth # _____

Signature

Initials

☐ Dentist ☐ Hygienist ☐ Student

SERVICES (Record numbers)

☐ Alveoplasty _____ ☐ IRM _____
☐ Buccal _____ ☐ Pulpotomy _____
☐ Core Build Up _____ ☐ Root Canal _____
☐ Denture Repair _____ ☐ Sealant _____
☐ Direct/Indirect Pulp Cap _____ ☐ Temp Crown _____
☐ Other _____

DENTAL NOTES (Please write legibly)

DENTAL PROVIDER'S SIGNATURE

PRINT NAME

Medical

DATE

REASON FOR VISIT

MEDICAL NOTES (Please write legibly)

SERVICES PROVIDED

☐ Medical Exam
☐ Glucose Check
☐ Diabetic Education
☐ Health Education
☐ Other (Please list in notes)

MEDICAL PROVIDER'S SIGNATURE

PRINT NAME